

TOWN OF HOOKSETT

MUNICIPAL BUILDING

16 Main Street
Hooksett, New Hampshire 03106-1397



485-8472 Administration
268-0003 Assessing
485-4117 Building
485-4117 Code Enforcement
736-8801 Conservation
485-8769 Family Services
485-4423 Fax
485-2017 Finance
268-0279 Planning
485-9534 Tax Collector
485-9534 Town Clerk
485-8472 Town Council
268-0279 Zoning

November 21, 2003

Meg Tennant
U.S Environmental Protection Agency, Region 1
One Congress Street
Suite 1100 (SEW)
Boston, MA 02114-2023

Subject: Notice of Intent Application and Storm Water Management Implementation Schedule

Dear Ms. Tennant,

Enclosed are the Town of Hooksett's Notice of Intent Application and Storm Water Management Implementation Schedule as required by Section 308(a) of the Clean Water Act, 33 U.S.C. §1318(a). We believe this submission fulfills the requirements outlined in the letter of October 28, 2003 from Ken Moraff, Enforcement Office Manager. If this submission does not meet the requirement set forth by the Clean Water Act, you need additional information or you have any questions, please notify us as soon as possible.

Sincerely,

Paul Loïselle
Acting Town Administrator

c: Jeffrey G Andrews, PE
Sanitary Engineer
Wastewater Engineering Bureau
NH Department of Environmental Services
PO Box 95
Concord, NH 03302-0095

DEC - 2 2003

MUNICIPAL ASSISTANCE UNIT

NOTICE OF INTENT

For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)



A. Instructions

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the NPDES General Permit issued by EPA for storm water discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all of the information required on this Notice of Intent form and the separate Storm Water Management Program (SWMP) Implementation Schedule form (Excel Spreadsheet), must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a storm water management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

Town of Hooksett

Name

16 Main Street

Mailing Address

Hooksett

City/Town

603-485-8472

Telephone Number

NH 03106

State and Zip Code

TownAdministrator@Hookett.org

Email (if available)

2. Municipality Name

Town of Hooksett

City/Town

3. Legal Status:

Federal

City/Town

State

County

Private

Other public entity:

Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

State Roads and Highways

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

yes pending no

EPA website of "endangered species" for Merrimack County, NH lists four species: Bald Eagle, Karner Blue Butterfly, and the Small Whorled Pogonia

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B. Applicant Information (cont.)

6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

yes pending no

Note:
Section C may be duplicated to accommodate a larger list of receiving waters

C. Names of (Presently Known) Receiving Waters

| Receiving Water: | No. of Outfalls | Listed as Impaired? | Impairment |
|---|-------------------|---|--|
| Lakins Pond Name | Unknown Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury Specify |
| Brown Brook Name | Unknown Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury Specify |
| Unnamed Brook – to Merrimack River | Unknown Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury Specify |
| Peters Brook Name | Unknown Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury Specify |
| Dalton Brook Name | Unknown Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury Specify |
| Messer Brook Name | Unknown Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury Specify |
| Unnamed Brook – to Merrimack River | Unknown Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury Specify |
| Unnamed Brook – to Goldfish Pond | Unknown Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury Specify |
| Unnamed Brook – from Goldfish Pond | Unknown Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury Specify |
| Merrimack River, PWS, WWF, Hooksett Dam Bypass | Unknown Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury, Other Flow Regime Alterations |
| Neat Brook – Unnamed Brook – to Massabesic Lake | Unknown Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury Specify |
| Unnamed Brook – to Massabesic Lake, CLS A | Unknown Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |

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D. Storm Water Management Program Summary

1. Public Education:

1.1 Public Education and Outreach on Stormwater Impacts

BMP ID # _____

Plan public education programs

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Plan/fund by Spring 2005

Specify Measurable Goal

1.2

BMP ID # _____

Conduct programs

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Conduct minimum one per year
for permit term

Specify Measurable Goal

BMP ID # _____

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID # _____

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID # _____

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Involvement/Participation:

2.1

BMP ID # _____

Solicit the public/volunteers

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Complete by 2005

Specify Measurable Goal

2.2

BMP ID # _____

Conduct public programs

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Minimum one per year for
permit term

BMP ID # _____

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID # _____

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID # _____

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

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For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)



D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

| | | | |
|--|--|--------------------------|--|
| 3.1 | Plan and fund mapping of urbanized area stormwater sewer system. | | |
| BMP ID # | | | |
| Plan & fund stormwater sewer system map | Town Administrator | Plan and funding by 2006 | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal | |
| 3.2 | Map location of outfalls, receiving waters, catch basins, drainage manholes and culvert pipes within the system. | | |
| BMP ID # | | | |
| Map outfalls, receiving waters & system structures | Town Engineer | Complete by 2007 | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal | |
| 3.3 | Develop storm sewer bylaw ordinance prohibiting non-stormwater discharges into the system with appropriate enforcement procedures. | | |
| BMP ID # | | | |
| Develop stormwater bylaw | Town Administrator | Complete by 2006 | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal | |
| 3.4 | Develop and implement plan to identify problem areas | | |
| BMP ID # | | | |
| Dry weather outfall screening | Town Engineer | Complete by 2007 | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal | |
| 3.5 | Develop policy for elimination of illicit discharges | | |
| BMP ID # | | | |
| Develop policy | Town Administrator | Complete by 2008 | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal | |

4. Construction Site Runoff Control:

| | | | |
|----------------------------------|--|-------------------------------|--|
| 4.1 | Review existing subdivision and site plan review regulations and identify deficiencies | | |
| BMP ID # | | | |
| Review existing regs | Planning Director | Review complete Summer 2004 | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal | |
| 4.2 | Revise subdivision and site plan review regulations using BMP's with proposed procedures for penalties | | |
| BMP ID # | | | |
| Revise regulations | Planning Director | Propose revisions Spring 2005 | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal | |
| 4.3 | Approval process for revisions to regulations | | |
| BMP ID # | | | |
| Approval process | Planning Director | Complete by Fall 2005 | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal | |
| 4.4 | Implement new regulations | | |
| BMP ID # | | | |
| Implement regulations | Planning Director | Complete by Summer 2006 | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal | |
| 4.5 | Evaluate implemented regulations | | |
| BMP ID # | | | |
| Evaluate new regulations | Planning Director | Throughout permit term | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal | |

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D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

| | | |
|--|--|--|
| 5.1 <u> </u> Review current structural and non-structural BMP's BMP ID # | <u> </u> Town Engineer Responsible Dept./Person Name | <u> </u> Complete by Spring 2005 Specify Measurable Goal |
| Review BMP's Specify Best Management Practice | | |
| 5.2 <u> </u> Make recommendations for new structural and non-structural BMP's BMP ID # | <u> </u> Town Engineer Responsible Dept./Person Name | <u> </u> Complete by Spring 2006 Specify Measurable Goal |
| Revise BMP's Specify Best Management Practice | | |
| 5.3 <u> </u> Incorporate BMP's into regulations and adopt ordinance ✓ BMP ID # | <u> </u> Town Engineer Responsible Dept./Person Name | <u> </u> Complete by Fall 2006 Specify Measurable Goal |
| Incorporate BMP's Specify Best Management Practice | | |
| 5.4 <u> </u> Evaluate new BMP's effectiveness BMP ID # | <u> </u> Town Engineer Responsible Dept./Person Name | <u> </u> Throughout permit term Specify Measurable Goal |
| Evaluation of adopted BMP's Specify Best Management Practice | | |
| <u> </u> BMP ID # | | |
| <u> </u> Specify Best Management Practice | <u> </u> Responsible Dept./Person Name | <u> </u> Specify Measurable Goal |

6. Municipal Good Housekeeping:

| | | |
|---|---|---|
| 6.1 <u> </u> Review existing Highway Department Policies BMP ID # | <u> </u> Highway Department Responsible Dept./Person Name | <u> </u> Complete in 2004 Specify Measurable Goal |
| Review existing policies Specify Best Management Practice | | |
| 6.2 <u> </u> Revise Highway Department Policies to incorporate Pollution Prevention and Good Housekeeping for parks and open space, fleet maintenance, bldg maintenance, construction activities and stormwater drainage system maintenance. BMP ID # | <u> </u> Highway Department Responsible Dept./Person Name | <u> </u> Complete in 2005 Specify Measurable Goal |
| Revise Highway Dept policies Specify Best Management Practice | | |
| 6.3 <u> </u> Train employees on revised policies for Pollution Prevention and Good Housekeeping Policies BMP ID # | <u> </u> Highway Department Responsible Dept./Person Name | <u> </u> Quarterly throughout permit term |
| Employee PP & GH Training Specify Best Management Practice | | |
| 6.4 <u> </u> Develop long term schedules and inspection procedures BMP ID # | <u> </u> Town Administrator Responsible Dept./Person Name | <u> </u> Complete in 2005 Specify Measurable Goal |
| Develop schedules & inspection procedures | | |
| 6.5 <u> </u> Implement long term schedules and inspection procedures BMP ID # | <u> </u> Highway Department Responsible Dept./Person Name | <u> </u> Complete by 2008 Specify Measurable Goal |
| Implement schedule & inspection procedures | | |
| <u> </u> BMP ID # | <u> </u> Specify Best Management Practice | |

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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting Requirements of Part I.C. (Discharges to Water Quality Impaired Waters) and Part I.D. (Total Maximum Daily Load Allocations):

7.1 Coordinate with NHDOT to review interconnected discharges impacting storm water

| | | | |
|--|---|--|--|
| <u> </u> BMP ID # | <u> </u> system | <u> </u> Highway Department | <u> </u> Throughout permit term |
| <u> </u> Coordinate with NHDOT | <u> </u> Specify Best Management Practice | <u> </u> Responsible Dept./Person Name | <u> </u> Specify Measurable Goal |

| | | | |
|-------------------------------|---|--|--|
| <u> </u> BMP ID # | <u> </u> Specify Best Management Practice | <u> </u> Responsible Dept./Person Name | <u> </u> Specify Measurable Goal |
|-------------------------------|---|--|--|

| | | | |
|-------------------------------|---|--|--|
| <u> </u> BMP ID # | <u> </u> Specify Best Management Practice | <u> </u> Responsible Dept./Person Name | <u> </u> Specify Measurable Goal |
|-------------------------------|---|--|--|

| | | | |
|-------------------------------|---|--|--|
| <u> </u> BMP ID # | <u> </u> Specify Best Management Practice | <u> </u> Responsible Dept./Person Name | <u> </u> Specify Measurable Goal |
|-------------------------------|---|--|--|

| | | | |
|-------------------------------|---|--|--|
| <u> </u> BMP ID # | <u> </u> Specify Best Management Practice | <u> </u> Responsible Dept./Person Name | <u> </u> Specify Measurable Goal |
|-------------------------------|---|--|--|

E. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PAUL LOISELLE
Printed Name

Paul Loielle
Signature

11-21-03
Date

